

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023854
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 381 Primary Registration District No. 4509 Registrar's No. 61

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Humphreys</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Humphreys</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Life</i> Length of stay in 1b <i>Life</i>		d. STREET ADDRESS (If outside, give location) <i>105⁰ C</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>ROSA REBECCA LAKE</i>			4. DATE OF DEATH Month Day Year <i>6-28-1959</i>
5. SEX <i>Fe.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 6 1872</i>
9. AGE (In years last birthday) <i>86</i>		9. AGE (In years last birthday) FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Iowa</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Richard Lewis</i>	
13b. MOTHER'S MAIDEN NAME <i>Caroline Merryman</i>		14. NAME OF HUSBAND OR WIFE <i>Wm Lake</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>✓</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT Address <i>Richard Lake Humphreys Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal Hypostatic pneumonia + coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocarditis & Arteriosclerosis Heart</i> DUE TO (c) <i>Benign Hypertension</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3-5 days</i> <i>8-10 years</i> <i>10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>440X</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>June 1958</i> to <i>June 28-59</i> and last saw her alive on <i>June 21-59</i> Death occurred at <i>11:50 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ann Eitel M.D.</i> (Degree or title) <i>3</i>		22b. ADDRESS <i>Falt Missouri</i>	22c. DATE SIGNED <i>6/29/59</i>
23a. BURIAL, CREMATION, REBURYAL (Specify) <i>Buried</i>	23b. DATE <i>7-1-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Humphreys Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Humphreys Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>PK Payne Son Galt Mo</i>		25. DATE RECD. BY LOCAL REG. <i>7-1-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beckett</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *PK Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.